

State Form 51309(4-03)BCD0086

Attach a copy of the front and back of the Insurance Card

If the plan has a GROUP number, you must have a member number/ID. You may or may not have a Group name.

If the plan has a POLICY ID, you may or may not have a group name or number

<p>Request for Authorization: Total Time spent with the family face to face in completing this form. FCM billing may not exceed 30 minutes per IFSP year.</p>	<p>Original: SPOE EI file Copy: Parent, SC Billing for FCM may be submitted for a total of 30 minutes per IFSP year. Face to face completion of this form may be utilized as FCM billing up to the total maximum. Face to Face completion of the Insurance Consent form may also be utilized toward FCM.</p>
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Complete Listing for Insurance Type: If OTHER is checked on the front page of this form, please indicate which insurance type applies toward coverage:

- ☐ Medicare Secondary End-Stage Renal disease Beneficiary in the 12 month coordination period
- ☐ Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
- ☐ Medicare Secondary, No-fault Insurance including Auto is Primary
- ☐ Medicare Secondary Worker's Compensation
- ☐ Medicare Secondary Public Health Service (PHS) or Other Federal Agency
- ☐ Medicare Secondary Black Lung
- ☐ Medicare Secondary Veteran's Administration
- ☐ Medicare Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- ☐ Medicare Secondary, Other Liability Insurance is Primary
- ☐ Auto Insurance Policy
- ☐ Commercial
- ☐ Medicare Conditionally Primary
- ☐ Health Maintenance Organization (HMO) - Medicare Risk
- ☐ Special Low Income Medicare Beneficiary
- ☐ Indemnity
- ☐ Long Term Care
- ☐ Long Term Policy
- ☐ Life Insurance
- ☐ Litigation
- ☐ Medicare Part A
- ☐ Medicare Part B
- ☐ Medigap Part A
- ☐ Medigap Part B
- ☐ Medicare Primary
- ☐ Other
- ☐ Property Insurance - Personal
- ☐ Qualified Medicare Beneficiary
- ☐ Property Insurance - Real
- ☐ Supplemental Policy
- ☐ Tax Equity Fiscal Responsibility Act (TEFRA)
- ☐ Workers Compensation
- ☐ Wrap Up Policy